



COUNTY OF APPOMATTOX
Department of Community Development
P.O. Box 787 ~ Appomattox ~ VA 24522
Phone (434) 352-8183 ~ Fax (434) 352-4214

Application for Zoning Approval

Applicant Name: _____

Date: _____

Tax Map Number: _____

Location (Street Name): _____

Use Type: (Check One)

☐ **Residential**

☐ **Commercial**

☐ **Industrial**

☐ **Farm Use**

☐ **Accessory
Structure**

Specify Use: _____

Sheds/ Carports: Dimensions _____ Material: _____ How many sides are enclosed? _____

Appomattox County requires that a drawing be submitted with each permit application. Please use the space on the back of this application to provide the following information:

1. **Shape & size of parcel of land on which building would be located. Draw lot boundaries, adjacent streets, rights-of-way, etc.**
2. **Location of all other structures or buildings existing on the parcel.**
3. **Location of proposed building with distance to each property line, driveway, existing structures and any other pertinent physical features (creeks, streams, etc.)**

The information provided concerning the zoning setbacks is true to the best of my knowledge. I realize, as owner/applicant, that I am required to identify the property lines for determination of setback compliance. I also realize if the setback requirements of the Appomattox County Zoning Ordinance are not met the permit will be null & void.

Date

Signature of Owner/Applicant

For Office Use Only

Zoning District: _____

Zoning Permit Number: _____

☐ **Approved as Proposed**

☐ **Approved with conditions**

☐ **Disapproved**

Zoning Administrator: _____

Date: _____

Conditions (if any): _____

Setbacks: Front: _____ Rear: _____
Side(R) _____ (L) _____
Height: _____

